

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1962

-62-011732

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STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4720 Primary Registration District No. 4271 Registrar's No. 23VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alma Middleton</u>		c. CITY OR TOWN <u>Dover</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi West alma</u>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Ernest</u> Last <u>Bear</u>		4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>White male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-2-1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed plant</u>	
11. BIRTHPLACE (City and state or country) <u>Dover Lafayette Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James E Bear</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Fox</u>	
14. NAME OF HUSBAND OR WIFE <u>LeVerne (McPherson) Bear</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>36-12-15-48-121</u>		17. INFORMANT <u>Gas E Bear</u> Address <u>Dover Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line if more than one) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain injury</u> DUE TO (b) <u>Motor car accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Found dead in his wrecked motor car</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Motor left road & was wrecked</u>		20c. TIME OF INJURY Hour <u>?</u> a.m. <u>?</u> p.m. <u>March 22-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State highway no 20</u>	
20f. CITY, TOWN, OR LOCATION <u>Alma</u>		20g. COUNTY <u>Lafayette</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>never</u>		21a. Death occurred at <u>partially before midnight 3-23-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>W E Martinus Coroner</u>		22b. ADDRESS <u>Odesa Mo</u>	
22c. DATE SIGNED <u>3-23-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-25-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Dover Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>3-26-62</u>	
24. FUNERAL DIRECTOR <u>Gibson Funeral Home</u> ADDRESS <u>Waverly, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 26 1962

APR 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jane F. Wilson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.